

# **Putting the Plan into Action**

How can we put the Wisconsin Cancer Plan 2020-2030 into action?

Monthly Networking Webinar October 8, 2020

#### Welcome!

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#### • Networking webinars

- 2<sup>nd</sup> Thursday of each month from 10 11 AM
- Complete list of upcoming webinars and previous webinar recordings: <u>www.wicancer.org/webinars</u>



#### **Today's Presenters & Facilitators**

Beth Brunner Partnership Manager

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Sarah Kerch Director





#### Wisconsin Cancer Collaborative

The Wisconsin Cancer Collaborative is a statewide coalition of 140 organizations working together to reduce the burden of cancer for everyone in Wisconsin.

We connect our members with the tools, support, and knowledge they need to create healthier communities.



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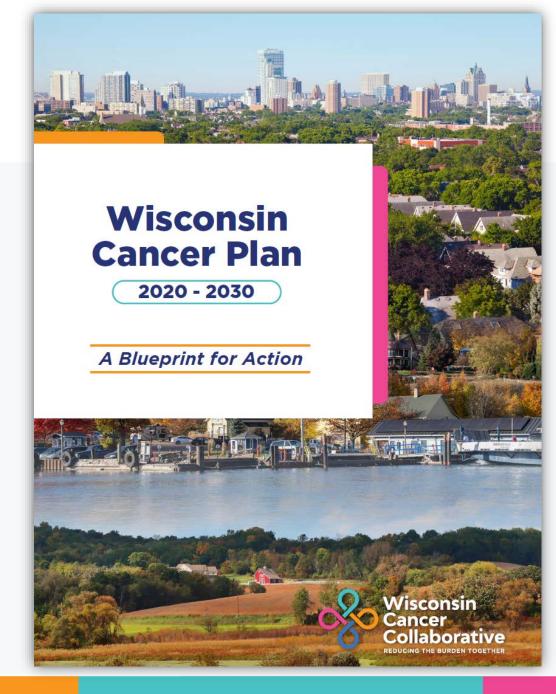
- Wisconsin Cancer Plan 2020-2030 & approach to action
- Review measures & Steering Committee selection
- Respond to poll questions to further narrow Wisconsin Cancer Plan 2020-2030



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## **Released in August 2020**





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## Vision

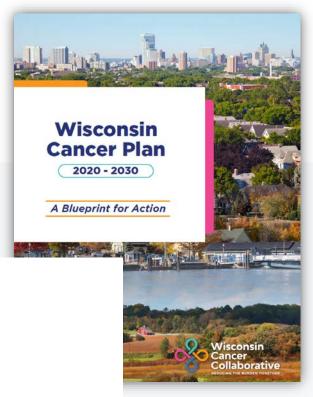
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A healthier Wisconsin by reducing the burden of cancer for everyone.

## Mission

To engage diverse partners to develop, promote, and implement a statewide comprehensive approach to cancer control.





#### Wisconsin Cancer Plan 2020-2030

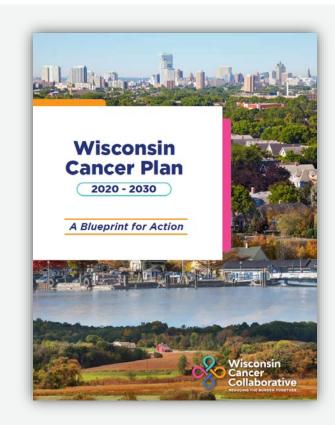
## **Overarching Goals**

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  - Advance health equity as it relates to cancer.
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- Reduce the risk of developing cancer.
- **3** Detect cancer at the earliest stage possible.
  - Reduce death and suffering from cancer.
  - Improve the quality of life for cancer survivors.
  - Improve the quality and use of cancer-related data.

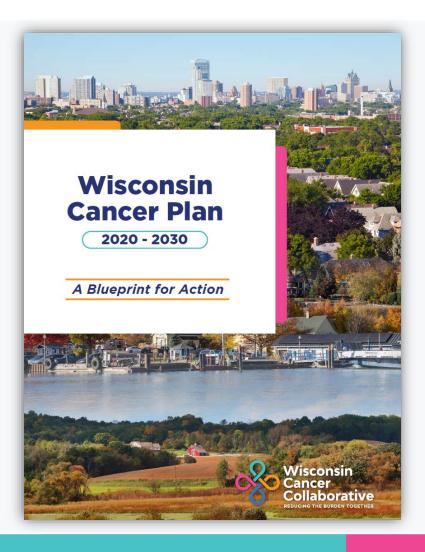




### Wisconsin Cancer Plan 2020-2030

Chapter 1: Health Equity Chapter 2: Risk Reduction Chapter 3: Early Detection & Screening Chapter 4: Treatment Chapter 5: Survivorship Chapter 6: End of Life Chapter 7: Data





#### **Approaches to Action**



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## **Action Areas**

- 2-3 Action Areas from WI Cancer Plan
- Development led by Steering Committee
- Chosen by WCC membership
- Implemented by WCC membership in 2021 & 2022



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#### **Approaches to Action**

#### **Action Areas**

- 2-3 Action Areas from WI Cancer Plan
- Development led by Steering Committee
- Chosen by WCC membership
- Implemented by WCC membership in 2021 & 2022

## **Policy Agenda**

- Development led by Policy Committee
- Approved by Steering Committee
- Includes Action Area policy issues
- Include other timely policy issues from WI Cancer Plan
- Implemented by WCC membership in 2021 & 2022





#### Why Action Areas?

Wisconsin Cancer Plan strives to include what is needed to completely and effectively address the cancer burden in Wisconsin





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Action Areas help prioritize what the WI Cancer Collaborative believes are the most important efforts for our coalition



#### **Action Area Considerations**

- Is this something we need to work on together?
- Is this a significant area of need?
- Does it have a reasonable chance for success?
- Can we track progress and outcomes?
- Is it likely that we will be able to recruit other individuals and organizations to work on this over the next year?



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#### Today's Remaining Tasks

#### • Review:

- Summary of measures by Chapter
- Steering Committee input and selection
- Discuss by Chapter
- Make your selection
  - Further narrow Steering Committee selection to 3 areas via a webinar poll





#### **Chapter 1: Equity**

- Priority 1 Increase capacity to reduce the burden of cancer for everyone.
- Priority 2 Increase the number of Wisconsinites with access to quality health care.
- Priority 3 Increase and prioritize health improvement approaches that engage, center, and benefit populations and communities at highest risk of health-related inequities.



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## **Status Scorecard Summary**

Measure	Source	2020-2030 Baseline	Status
Percent of adults who had a routine checkup in the past year	BRFSS	76.4%	Moving in right direction
Percent of adults who have a Primary Care Provider	BRFSS	82.6%	Moving in right direction
Percent of adults who reported forgoing health care in the past year due to cost	BRFSS	9.9%	Moving in wrong direction
Percent of members working on healthcare access	WCC Membership Form	43%	TBD
Percent of members focusing on disparities	WCC Membership Form	46%	TBD



\*For complete measurement details, visit our online WI Cancer Plan

#### **Chapter 1: Equity – Steering Committee Selection**

- Priority 1 Increase capacity to reduce the burden of cancer for everyone.
- Priority 2 Increase the number of Wisconsinites with access to quality health care.
- Priority 3 Increase and prioritize health improvement approaches that engage, center, and benefit populations and communities at highest risk of health-related inequities.



#### Chapter 1: Equity -- Discussion

- Is this something we need to work on together?
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#### **Chapter 2: Risk Reduction**

- Priority 1 Decrease tobacco use and exposure to tobacco.
- Priority 2 Increase physical activity and healthy eating.
- Priority 3 Decrease excessive alcohol consumption.
- Priority 4 Increase cancer prevention vaccine completion.
- Priority 5 Decrease exposure to ultraviolet radiation.
- Priority 6 Decrease exposure to radon.





#### **Status Scorecard Summary**

Measure	Source	2020-2030 Baseline	Status
Percent of adults who are at a healthy weight (BMI 18.5-24.9)	BRFSS	30.1%	Moving in wrong direction
Percent of high school students who are at a healthy weight (BMI 18.5-24.9)	YRBS	70%	Moving in wrong direction
Percent of high school students eating two or more servings of vegetables per day	YRBS	40%	TBD
Percent of high school students eating one or more servings of fruit per day	YRBS	43.3%	Moving in wrong direction
Percent of high school students active for at least 60 minutes per day	YRBS	44.7%	Moving in wrong direction
Percent of adults who binge drink	BRFSS	23.8%	Moving in wrong direction
Percent of high school students who have had one or more drinks in the past 30 days	YRBS	29.8%	Moving in right direction



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#### Chapter 2: Risk Reduction – Steering Committee Selection

- Priority 1 Decrease tobacco use and exposure to tobacco.
- Priority 2 Increase physical activity and healthy eating (incorporating alcohol)
- Priority 3 Decrease excessive alcohol consumption.
- Priority 4 Increase cancer prevention vaccine completion.
- Priority 5 Decrease exposure to ultraviolet radiation.
- Priority 6 Decrease exposure to radon.



#### Chapter 2: Risk Reduction -- Discussion

- Is this something we need to work on together?
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#### **Chapter 3: Early Detection & Screening**

- Priority 1 Increase awareness and demand for recommended cancer screenings.
- Priority 2 Implement health care systems-level strategies to increase recommended cancer screenings and diagnostic services.
- Priority 3 Increase access to recommended cancer screenings.
- Priority 4 Increase utilization of cancer genetic risk assessment and counseling.





### **Status Scorecard Summary**

Measure	Source	2020-2030 Baseline	Status
Percent of adults age 50-70 who are up to date on colorectal cancer screening	BRFSS	75.2%	Moving in the right direction
Percent of women 40 years or older who have had a mammogram in the past 2 years	BRFSS	71.8%	Moving in the wrong direction
Percent of women age 21-64 who have had a pap test within the past 3 years	BRFSS	83.8%	Moving in the wrong direction
WCHQ Breast Cancer Screening (Women age 50-74/during 2-year period)	WCHQ	78.31%	No increase or decrease
WCHQ Cervical Cancer Screening (USPSTF guidelines)	WCHQ	80.62%	No increase or decrease
WCHQ Colorectal Cancer (USPSTF guidelines)	WCHQ	79.54%	Moving in right direction
FQHC Cervical Cancer (Women age 23-64)	UDS	59.09%	TBD
FQHC Colorectal Cancer (Patients age 50-74)	UDS	50.84%	TBD

#### Chapter 3: Early Detection & Screening -- Steering Committee Selection

- Priority 1 Increase awareness and demand for recommended cancer screenings.
- Priority 2 Implement health care systems-level strategies to increase recommended cancer screenings and diagnostic services.
- Priority 3 Increase access to recommended cancer screenings.
- Priority 4 Increase utilization of cancer genetic risk assessment and counseling.



#### Chapter 3: Early Detection & Screening -- Discussion

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#### **Chapter 4: Treatment**

- Priority 1 Increase availability and access to quality cancer care.
- Priority 2 Increase availability and access to palliative care early and throughout treatment.
- Priority 3 Increase patient and caregiver access to non-clinical support services, including care coordination, patient navigation, psychosocial support, and rehabilitation services.
- Priority 4 Increase participation in clinical trials.
- Priority 5 Increase the number of advance care planning conversations for all cancer patients early in their treatment.



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### **Status Scorecard Summary**

Measure	Source	2020-2030 Baseline	Status
Percent of survivors having other survivors for social and emotional support	SHOW	40%	
Percent of survivors having received assistance from a patient navigator	SHOW	6.5%	Moving in the wrong direction
Percent of survivors having received care coordination assistance	SHOW	62.3%	



\*For complete measurement details, visit our online WI Cancer Plan

#### **Chapter 4: Treatment** -- Steering Committee Selection

- Priority 1 Increase availability and access to quality cancer care.
- Priority 2 Increase availability and access to palliative care early and throughout treatment.
- Priority 3 Increase patient and caregiver access to non-clinical support services, including care coordination, patient navigation, psychosocial support, and rehabilitation services.
- Priority 4 Increase participation in clinical trials.
- Priority 5 Increase the number of advance care planning conversations for all cancer patients early in their treatment.



#### Chapter 4: Treatment -- Discussion

- Is this something we need to work on together?
- Is this a significant area of need?

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- Does it have a reasonable chance for success?
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#### **Chapter 5: Survivorship**

- Priority 1 Increase awareness of issues relevant to cancer survivors and caregivers.
- Priority 2 Increase the implementation of best practices for the transition from active treatment to post-treatment care.
- Priority 3 Increase provider, patient, and caregiver awareness of the importance of cancer risk reduction behaviors and cancer screening for cancer survivors.





### **Status Scorecard Summary**

Measure	Source	2020-2030 Baseline	Target	Status
Percent receiving a Survivorship Care Plan (SCP)	BRFSS	40.5%	60%	TBD
Percent of survivors having discussed follow-up care in detail with provider	SHOW	63%	80%	TBD
Percent of survivors having discussed long-term side effects of cancer treatment in detail with provider	SHOW	29%	45%	TBD
Percent of survivors having discuss lifestyle or health recommendations in detail with provider	SHOW	32%	50%	TBD



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### Chapter 5: Survivorship -- Steering Committee Selection

- Priority 1 Increase awareness of issues relevant to cancer survivors and caregivers.
- Priority 2 Increase the implementation of best practices for the transition from active treatment to post-treatment care.
- Priority 3 Increase provider, patient, and caregiver awareness of the importance of cancer risk reduction behaviors and cancer screening for cancer survivors.



### Chapter 5: Survivorship -- Discussion

- Is this something we need to work on together?
- Is this a significant area of need?

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- Does it have a reasonable chance for success?
- Can we track progress and outcomes?
- Is it likely that we will be able to recruit other individuals and organizations to work on this over the next year?

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### **Chapter 6: End of Life**

- Priority 1 Increase availability and access to palliative medicine during end-of-life care.
- Priority 2 Increase access to quality end-of-life care.



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### **Status Scorecard Summary**

Measure	Source	2020-2030 Baseline	Target	Status
Percent of adults who know what palliative care is	BRFSS	40.5%	60%	TBD
Average number of days in Hospice care per patient among Medicare enrollees	CMS	72	85	Moving in the right direction



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### Chapter 6: End of Life -- Steering Committee Selection

- Priority 1 Increase availability and access to palliative medicine during endof-life care.
- Priority 2 Increase access to quality end-of-life care.



### Chapter 6: End of Life -- Discussion

- Is this something we need to work on together?
- Is this a significant area of need?

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- Does it have a reasonable chance for success?
- Can we track progress and outcomes?
- Is it likely that we will be able to recruit other individuals and organizations to work on this over the next year?

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### **Chapter 7: Data**

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- Priority 1 Promote awareness and use of the Wisconsin Cancer Reporting System's data.
- Priority 2 Improve Wisconsin-specific cancer-related data sources.
- Priority 3 Monitor data related to emerging cancer issues.



### Chapter 7: Data -- Steering Committee Selection

- Priority 1 Promote awareness and use of the Wisconsin Cancer Reporting System's data.
- Priority 2 Improve Wisconsin-specific cancer-related data sources.
- Priority 3 Monitor data related to emerging cancer issues.



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### Chapter 7: Data -- Discussion

- Is this something we need to work on together?
- Is this a significant area of need?

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- Does it have a reasonable chance for success?
- Can we track progress and outcomes?
- Is it likely that we will be able to recruit other individuals and organizations to work on this over the next year?

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### Make YOUR Selections! Pick 3 via the poll

# What three Priorities do you believe should be an Action Area for the Wisconsin Cancer Collaborative?



### Make YOUR Selections! Pick 3 via the poll

**Equity:** Increase and prioritize health improvement approaches that engage, center, and benefit populations and communities at highest risk of health-related inequities.

Risk Reduction: Increase physical activity and healthy eating (incorporating alcohol)

Screening & Early Detection: Increase access to recommended cancer screenings.

**Treatment:** Increase patient and caregiver access to non-clinical support services, including care coordination, patient navigation, psychosocial support, and rehabilitation services.

#### Survivorship:

- Increase awareness of issues relevant to cancer survivors and caregivers.
- Increase the implementation of best practices for the transition from active treatment to post-treatment care.

#### End of Life:

- Increase availability and access to palliative medicine during end-of-life care.
- Increase access to quality end-of-life care.

Data: Improve Wisconsin-specific cancer-related data sources.





### **Next Steps**

- November & December: Steering Committee & Policy Committee to review input
- January & February: Staff to begin soliciting members for contributions



### Join us for the all-virtual 2020 Wisconsin Cancer Summit.

#### Oct. 28-29, 2020

How can we reduce the burden of cancer for everyone? The virtual 2020 Wisconsin Cancer Summit will bring together health system leaders, public health advocates, policy makers, researchers, and other partners from across our state who are working to fight cancer. Together, we can build healthier communities for everyone by using the Wisconsin Cancer Plan as our blueprint for action.



### Register for Day 1 & Day 2

at

### DAY 1 October 28 12 - 3 pm

HIGHLIGHTS INCLUDE:

**Keynote Address:** "Leading Through Uncertainty," by Dr. Lisa Richardson, Centers for Disease Control and Prevention

**Panel Discussion:** "Success Stories We Can Learn From," with expert panelists from around Wisconsin

**Networking Sessions:** Network with peers from across the state, who are working in your area of cancer control

### Day 2 October 29 9 am - 12 pm

#### HIGHLIGHTS INCLUDE:

Race, Racism, and Health Equity: The Impact on Cancer Control, featuring Ginny Finn, YWCA Southeast Wisconsin

Policy and Systems Change in Health Care: A Call to Action to Advance Health Equity

**Regional Breakout Sessions:** Network with peers working in your region

### www.wicancer.org

### **Upcoming Monthly Networking Webinar**

### • November 12<sup>th</sup> from 10-11 am

- Conversation on Equity & Cancer
- Facilitated by the YWCA of Southeastern Wisconsin

https://wicancer.org/events/webinars/



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## Wisconsin Cancer Collaborative

Thank you!